

April 14, 2021

The Honorable Representative Marvin L. Abney
State House
82 Smith Street
Providence, RI 02903

Support: H.6122 Article 12, Section 8(d) Medicaid reimbursement for perinatal doula services

Dear Chairman Abney,

As providers of women's health care services at the main hospital for women in Rhode Island, Women and Infants **strongly supports Article 12, Section 8(d)** of the Governor's proposed FY22 state budget H.6122, which would allow Medicaid reimbursement for perinatal doula services.

Women and Infants is committed to providing the best healthcare outcomes for our patients and participates in the national quality improvement multihospital learning collaborative "Reducing Primary Cesareans". This project is funded by the Healthy Birth Initiative and led by the American College of Nurse Midwives. This project aims to reduce the primary cesarean rate through the implementation of evidence-based bundles that focus on promotion of normal physiologic birth. These collective efforts and resulting outcomes have a positive effect on the health of women and families in Rhode Island. We have conducted significant education with our staff on labor support skills and lowered our primary cesarean rate by 6% since beginning this initiative in 2016. However, we know from research that 1:1 nursing care does not equal continuous labor support. Nurses, midwives and physicians conduct the clinical care, incorporating support. Continuous labor support should be the standard of care and this care is best provided by a nonclinical team member—a trained birth doula.

Doulas are trained to provide nonmedical physical, emotional and informational support to women during pregnancy, childbirth, and the postpartum period. The support and services of a dedicated doula during labor and birth has consistently shown to improve health outcomes for mothers and newborns with no associated risks.¹⁻³ Studies show the benefits of continuous labor support include increased rates of spontaneous vaginal birth and shorter labors while decreasing rates of C-section, instrumental vaginal birth (meaning forceps and vacuum assisted birth); decreased use of pain medication and epidural anesthesia, and fewer negative feelings about the childbirth experience. Additionally, the decreased rates of medical interventions during birth translate to lower health care costs. A 2016 study modeling the cost-effectiveness of Medicaid coverage for doula services found an average **cost savings** of \$976.³

Research on continuous labor support consistently shows a reduction in the cesarean section rate, increased satisfaction with the birth experience, facilitation of parental attachment and bonding, and reduction in the overall need for medical therapeutics.³⁻⁶ Despite these data, continuous labor support is under-utilized. While numerous obstetric interventions that lack research evidence are employed routinely in childbirth, only 6% of births in the US are attended by doulas.^{1,2} In Rhode Island, there are currently fewer than 2% of births attended by doulas.

Doulas not only improve healthcare outcomes, they save money by reducing cesarean section rates. A recent study by Baystate Medical in Springfield, MA, revealed that for the low risk birth, the total costs for primary cesarean and newborn care were \$5989 more than a vaginal birth and newborn care. For subsequent births, a repeat cesarean was \$4250 higher than a vaginal birth. They calculated that for each cesarean avoided, the savings was \$7,000.00.⁷⁻¹³

The benefits of doula care are well-documented. Community-based doula programs provide culturally congruent care and access for those most at risk of poor health outcomes. Expanding access to doula care through Medicaid reimbursement has the potential to decrease spending on non-beneficial obstetric procedures, lower cesarean rates, and reduce the rate of interventions overall in Rhode Island. The presence of a trained doula is considered grade A evidence in obstetrics, meaning it is well-studied in randomized, controlled trials. Facilitating doula care particularly in hospital settings will complement on-going projects at Women and Infants designed to improve client-led, team-based care, birth outcomes, team experience, and close gaps in disparities in maternal morbidity and mortality.

Women and Infants support H.6122 Article 12, Section 8(d) Medicaid reimbursement for perinatal doula services and continued efforts to increase access to doula care to families who need it.

Sincerely,



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